

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2009

Open to Public  
Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements.

## A For the 2009 calendar year, or tax year beginning

and ending

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>SEIU UNITED HEALTHCARE WORKERS - WEST LOCAL 2005</b>		D Employer identification number <b>20-1973983</b>		
	Doing Business As <b>SEIU UHW, LOCAL 2005</b>		E Telephone number <b>510-251-1250</b>		
	Number and street (or P.O. box if mail is not delivered to street address) <b>560 THOMAS L. BERKLEY WAY</b>		Room/suite	G Gross receipts \$ <b>93,389,770.</b>	
	City or town, state or country, and ZIP + 4 <b>OAKLAND, CA 94612</b>			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	F Name and address of principal officer: <b>DAVE REGAN</b> <b>560 THOMAS L. BERKLEY WAY, OAKLAND, CA 94612</b>			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (5) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ► <b>0647</b>	
J Website: ► <b>N/A</b>		K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation: <b>2005</b> M State of legal domicile: <b>CA</b>	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>REPRESENTATION OF MEMBERS EMPLOYED IN THE HEALTH CARE INDUSTRY REGARDING EMPLOYMENT MATTERS.</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	97
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of employees (Part V, line 2a)	5	1759
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Prior Year Current Year		
	8 Contributions and grants (Part VIII, line 1h)	87,172,402.	90,067,969.
9 Program service revenue (Part VIII, line 2g)	107,169.	140,541.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,948,937.	1,047,003.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	90,228,508.	91,255,513.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,031,688.		
Expenses			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	35,689,879.	29,520,299.	
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (A), line 15) <b>NOV 18 2010</b>	64,417,206.	67,308,243.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	104,138,773.	96,828,542.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>LOGDEN</b>	-13,910,265.	-5,573,029.	
19 Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances			
20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
21 Total liabilities (Part X, line 26)	19,511,791.	21,642,779.	
22 Net assets or fund balances. Subtract line 21 from line 20	15,192,132.	19,922,771.	
	4,319,659.	1,720,008.	

## Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	Signature of officer		
	► <b>DAVE REGAN, TRUSTEE</b>		
Type or print name and title		Date <b>11-15-2010</b>	

Paid Preparer's Use Only	Preparer's signature ► <b>Wayne A. Stanley</b>	Date <b>NOV 15 2010</b>	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>HOOD &amp; STRONG, LLP</b> ► <b>100 FIRST STREET, 14TH FLOOR</b> <b>SAN FRANCISCO, CA 94105</b>	EIN ►	Phone no. ► <b>(415) 781-0793</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

SEIU UNITED HEALTHCARE WORKERS - WEST  
LOCAL 2005

20-1973983 Page 2

Form 990 (2009)

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

**SEE SCHEDULE O**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 96828542. including grants of \$ 261,834. ) (Revenue \$ 91114972. )

**THE ORGANIZATION PROVIDES SUPPORT FOR ITS MEMBERS THROUGH COLLECTIVE BARGAINING AND GRIEVANCE ASSISTANCE.**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ 96,828,542.

Form 990 (2009)

932002  
02-04-10

SEIU UNITED HEALTHCARE WORKERS - WEST  
LOCAL 2005

Form 990 (2009)

20-1973983 Page 3

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X

Form 990 (2009)

SEIU UNITED HEALTHCARE WORKERS - WEST  
LOCAL 2005

- Form 990 (2009)

20-1973983 Page 4

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

Form 990 (2009)

SEIU UNITED HEALTHCARE WORKERS - WEST  
LOCAL 2005

Form 990 (2009)

20-1973983 Page 5

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S. Information Returns. Enter -0- if not applicable 1a 215  
 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0  
 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 1759

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? *Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)*

3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? *b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O*

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

b If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

**7 Organizations that may receive deductible contributions under section 170(c).**

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?

b If "Yes," did the organization notify the donor of the value of the goods or services provided?

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

d If "Yes," indicate the number of Forms 8282 filed during the year 7d

e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?

h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?

8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

**9 Sponsoring organizations maintaining donor advised funds.**

a Did the organization make any taxable distributions under section 4966?

b Did the organization make a distribution to a donor, donor advisor, or related person?

**10 Section 501(c)(7) organizations. Enter:**

a Initiation fees and capital contributions included on Part VIII, line 12

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a  
10b

**11 Section 501(c)(12) organizations. Enter:**

a Gross income from members or shareholders 11a

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b

**12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?**

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

Yes No

1c	X	
2b	X	
3a	X	
3b		
4a	X	
5a	X	
5b	X	
5c		
6a	X	
6b	X	
7a		
7b		
7c		
7e		
7f		
7g		
7h		
8		
9a		
9b		
10a		
10b		
11a		
11b		
12a		

Form 990 (2009)

SEIU UNITED HEALTHCARE WORKERS - WEST  
LOCAL 2005

Form 990 (2009)

20-1973983 Page 6

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body	1a	97
b	Enter the number of voting members that are independent	1b	0
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	X
a	The governing body?	8b	X
b	Each committee with authority to act on behalf of the governing body?	9	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	13	X
13	Does the organization have a written whistleblower policy?	14	X
14	Does the organization have a written document retention and destruction policy?	15a	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15b	X
a	The organization's CEO, Executive Director, or top management official	16a	X
b	Other officers or key employees of the organization	16b	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed ► <b>CA</b>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► <b>SHERLINA GRIMALDO - 510-251-1250</b> <b>560 THOMAS L. BERKLEY, OAKLAND, CA 94612-1602</b>

Form 990 (2009)

SEIU UNITED HEALTHCARE WORKERS - WEST  
Form 990 (2009) LOCAL 2005

20-1973983 Page 7

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's **five current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
SAL ROSELLI <u>PRESIDENT</u>	40.00	X		X			142,823.	0.	2,853.
JORGE RODRIGUEZ <u>EXECUTIVE VICE PRESIDENT</u>	40.00	X		X			31,191.	0.	2,700.
JOAN EMSLIE <u>SECRTY-TREASURER</u>	40.00	X		X			56,717.	0.	-1,052.
JOHN BORSOS <u>ADMIN VICE PRESIDENT</u>	40.00	X					42,998.	0.	2,628.
LEON CHOW <u>ADMIN VICE PRESIDENT</u>	40.00	X					104,855.	0.	32,717.
WILL CLAYTON <u>ADMIN VICE PRESIDENT</u>	40.00	X					33,357.	0.	1,545.
RALPH R CORNEJO <u>ADMIN VICE PRESIDENT</u>	40.00	X					142,307.	0.	5,369.
MARTHA FIGUEROA <u>ADMIN VICE PRESIDENT</u>	40.00	X					19,168.	0.	3,659.
GLENN GOLDSTEIN <u>ADMIN VICE PRESIDENT</u>	40.00	X					48,119.	0.	2,729.
PAUL KUMAR <u>ADMIN VICE PRESIDENT</u>	40.00	X					32,846.	0.	2,509.
LAURA KURRE <u>ADMIN VICE PRESIDENT</u>	40.00	X					25,624.	0.	2,643.
BARBARA A LEWIS <u>ADMIN VICE PRESIDENT</u>	40.00	X					36,547.	0.	4,373.
DANIEL H MARTIN <u>ADMIN VICE PRESIDENT</u>	40.00	X					51,588.	0.	2,764.
PAMELA MARTINEZ <u>ADMIN VICE PRESIDENT</u>	40.00	X					40,239.	0.	2,510.
RACHEL RODRIGUEZ <u>ADMIN VICE PRESIDENT</u>	40.00	X					25,143.	0.	2,845.
FREDERIC A SEAVEY <u>ADMIN VICE PRESIDENT</u>	40.00	X					51,712.	0.	2,766.
MARGARET K SEGURA <u>ADMIN VICE PRESIDENT</u>	40.00	X					41,073.	0.	2,598.

SEIU UNITED HEALTHCARE WORKERS - WEST  
LOCAL 2005

-Form 990 (2009)

20-1973983 Page 8

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
JACINTO L VALENCIA ADMIN VICE PRESIDENT	40.00	X					22,636.	0.	3,593.
ANTHONY AIDUKAS VICE PRESIDENT	8.00	X					1,001.	0.	16.
ROBERTO ALVAREZ VICE PRESIDENT	8.00	X					490.	0.	8.
NICOLASA CLAUDIA AREVALO VICE PRESIDENT	8.00	X					185.	0.	3.
JUANITA BARBARIN VICE PRESIDENT	8.00	X					0.	0.	0.
WILLIAM BRENNAN VICE PRESIDENT	8.00	X					279.	0.	4.
MILDRED BROWN VICE PRESIDENT	8.00	X					461.	0.	7.
LYNN BUSSEY VICE PRESIDENT	8.00	X					0.	0.	0.
ROSIE BYERS VICE PRESIDENT	8.00	X					376.	0.	6.
ROY CHAFFEE VICE PRESIDENT	8.00	X					434.	0.	7.
<b>1b Total</b>						►	<b>1,710,796.</b>	<b>825,952.</b>	<b>469,002.</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

8

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
WEINBERG, ROGER & ROSENFIELD, 1001 MARINA VILLAGE PARKWAY #200, ALAMEDA, CA 94501	LEGAL	1,300,089.
ROTHNER, SEGALL, GREENSTONE & LEHENY 510 S. MARENGO AVE, PASADENA, CA 91101	LEGAL	769,761.
THE COMPASS MEDIA GROUP, INC, 1901 N. CLYBOURN SUITE 300, CHICAGO, IL 60614	PUBLIC RELATIONS	716,724.
MORRISON & FOERSTER LLP PO BOX 60000, SAN FRANCISCO, CA 94108	LEGAL	472,923.
ALTSCHULER, BERZON, NUSSBUAM & RUBIN, LLP, 1777 POST ST, STE 3000, SAN FRANCISCO, CA	LEGAL	384,308.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 42

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2009)

032008 02-04-10

SEIU UNITED HEALTHCARE WORKERS - WEST  
LOCAL 2005

Form 990 (2009)

20-1973983 Page 9

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f				
Program Service Revenue	2 a MEMBER DUES & FEES	Business Code 561000	90,067,969.	90,067,969.	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		90,067,969.		
	3 Investment income (including dividends, interest, and other similar amounts)		174,503.		
4 Income from investment of tax-exempt bond proceeds					
5 Royalties	(i) Real	(ii) Personal			
6 a Gross Rents					
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses	2,100,295.	61,262.			
c Gain or (loss)	2,072,995.				
d Net gain or (loss)	27,300.	-61262.			
			-33,962.		-33,962.
Other Revenue	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a			
	b Less: direct expenses	b			
	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19	a			
	b Less direct expenses	b			
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances	a			
	b Less cost of goods sold	b			
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11 a SEIU EXCESS COPE	561000	933,495.	933,495.		
b OTHER REVENUE	900099	57,275.	57,275.		
c MEMBER POLITICAL CONTR	900099	56,233.	56,233.		
d All other revenue					
e Total. Add lines 11a-11d		1047003.			
12 Total revenue See instructions.		91,255,513.	91,114,972.	0.	140,541.

SEIU UNITED HEALTHCARE WORKERS - WEST  
LOCAL 2005

Form 990 (2009)

20-1973983 Page 10

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,291,043.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	18,835,833.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,152,295.			
9 Other employee benefits	5,075,220.			
10 Payroll taxes	2,165,908.			
11 Fees for services (non-employees):				
a Management				
b Legal	622,650.			
c Accounting	202,739.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	4,233,306.			
12 Advertising and promotion				
13 Office expenses	3,500,473.			
14 Information technology	501,613.			
15 Royalties				
16 Occupancy	6,714,361.			
17 Travel	4,124,503.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,629,561.			
20 Interest	253,505.			
21 Payments to affiliates	27,343,708.			
22 Depreciation, depletion, and amortization	374,755.			
23 Insurance	53,195.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a NEGTR, CAMPGN, ARBS	14,075,966.			
b PRINTING AND PUBLICATIO	1,847,762.			
c JURISDICTION EXPENSE	497,063.			
d SOLIDARITY EXPENSE	261,813.			
e SPECIAL ASSESSMENT	71,270.			
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	96,828,542.			
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

SEIU UNITED HEALTHCARE WORKERS - WEST  
LOCAL 2005

- Form 990 (2009)

20-1973983 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,345,325.	1	4,948,561.
	2 Savings and temporary cash investments	25,085.	2	45,265.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	406,112.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	793,196.	7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	547,518.	9	302,150.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,588,156.		
	b Less: accumulated depreciation	10b 2,006,640.	10c	5,581,516.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11	2,251,148.	12	2,491,599.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	7,780,771.	15	7,867,576.
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>19,511,791.</b>	<b>16</b>	<b>21,642,779.</b>
Liabilities	17 Accounts payable and accrued expenses	7,416,945.	17	12,515,564.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,683,997.	23	3,606,842.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	4,091,190.	25	3,800,365.
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>15,192,132.</b>	<b>26</b>	<b>19,922,771.</b>
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,319,659.	27	1,720,008.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	4,319,659.	33	1,720,008.
	<b>34 Total liabilities and net assets/fund balances</b>	<b>19,511,791.</b>	<b>34</b>	<b>21,642,779.</b>

Form 990 (2009)

SEIU UNITED HEALTHCARE WORKERS - WEST  
LOCAL 2005

20-1973983 Page 12

Form 990 (2009)

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....

b Were the organization's financial statements audited by an independent accountant? .....

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a	X	
2b	X	
2c	X	
3a	X	
3b		

Form 990 (2009)

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

## Political Campaign and Lobbying Activities

## For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

2009

**Open to Public  
Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations. Complete Part III.

Name of organization	SEIU UNITED HEALTHCARE WORKERS - WEST LOCAL 2005	Employer identification number 20-1973983
----------------------	---	--

**Part I-A:** Complete if the organization is exempt under section 501(c) or is a section 527 organization.

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV.  
**2** Political expenditures .....  
**3** Volunteer hours .....

**Part I-B** Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ► \$ \_\_\_\_\_  
 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ► \$ \_\_\_\_\_  
 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? \_\_\_\_\_  
 4a Was a correction made? \_\_\_\_\_  Yes  No  
 b If "Yes," describe in Part IV.

**Part I-C** Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section-527 exempt function activities ► \$ 0.  
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ► \$ 0.  
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b ► \$ \_\_\_\_\_  
4 Did the filing organization file Form 1120-POL for this year?  Yes  No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. **SEE PART IV FOR CONTINUATION**

**SEE PART IV FOR CONTINUATION**

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
SEIU UHW WEST PAC	SACRAMENTO, CA 95814-4602	68-0444433	44,165.	526,864.

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule C (Form 990 or 990-EZ) 2009

1 HA

**SEIU UNITED HEALTHCARE WORKERS - WEST**

20-1973983 Page 2

• Schedule C (Form 990 or 990-EZ) 2009

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ►  if the filing organization belongs to an affiliated group.

**B Check ▶**  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

#### 4-Year Averaging Period Under Section 501(h)

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)**

#### Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Schedule C (Form 990 or 990-EZ) 2009**

## SEIU UNITED HEALTHCARE WORKERS - WEST

Schedule C (Form 990 or 990-EZ) 2009 LOCAL 2005

20-1973983 Page 3

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

**PART I-A, LINE 1:**

**MEMBER TO MEMBER COMMUNICATIONS IN SUPPORT OF STATE AND LOCAL ISSUES.**

**PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:**

**SEIU UHW WEST PAC**

**555 CAPITAL MALL SACRAMENTO, CA 95814-4602**

Schedule C (Form 990 or 990-EZ) 2009

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **SEIU UNITED HEALTHCARE WORKERS - WEST  
LOCAL 2005** Employer identification number **20-1973983**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	<b>Held at the End of the Tax Year</b>
2a	
2b	
2c	
2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ►	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:	
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

SEIU UNITED HEALTHCARE WORKERS - WEST  
LOCAL 2005

20-1973983 Page 2

Schedule D (Form 990) 2009

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Yes	No
3a(i)	
3a(ii)	
3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,955,492.		1,955,492.
b Buildings		1,314,652.	317,707.	996,945.
c Leasehold improvements		2,601,221.	529,189.	2,072,032.
d Equipment		1,716,791.	1,159,744.	557,047.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 5,581,516.

Schedule D (Form 990) 2009

**SEIU UNITED HEALTHCARE WORKERS - WEST**

**Schedule D (Form 990) 2009**

LOCAL 2005

20-1973983 Page 3

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
<b>MARKETABLE DEBT SECURITIES</b>	<b>2,491,599.</b>	<b>COST</b>

**Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► 2,491,599.**

**Part VIII Investments - Program Related. See Form 990, Part X, line 13.**

**Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►**

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
MORTGAGE NOTES RECEIVABLE	679,758.
DUES RECEIVABLE FROM MEMBERS	3,490,747.
INVESTMENT IN UNITY HEALTH CARE WORKERS CORPORATION	3,680,388.
DEFERRED LOAN FEE, NET	16,683.

**Total. (Column (b) must equal Form 990, Part X, col (B) line 15)** **►** **7,867,576.**

**Part X Other Liabilities.** See Form 990, Part X, line 25.

**Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)** ► **3,800,365.**

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

932053  
02-01-10

---

Schedule D (Form 990) 2009

SEIU UNITED HEALTHCARE WORKERS - WEST  
LOCAL 2005

20-1973983 Page 4

Schedule D (Form 990) 2009

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	91,255,513.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	96,828,542.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	-5,573,029.
4 Net unrealized gains (losses) on investments	4	-11,406.
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV.)	8	2,984,784.
9 Total adjustments (net) Add lines 4 through 8	9	2,973,378.
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-2,599,651.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements	1	91,723,577.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	-11,406.
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	479,470.
e Add lines 2a through 2d	2e	468,064.
3 Subtract line 2e from line 1	3	91,255,513.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	91,255,513.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements	1	96,828,542.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	96,828,542.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	96,828,542.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X: 990 SCHEDULE D PART X LINE 2 - FIN 48 DISCLOSURE**

SEIU UNITED HEALTHCARE WORKERS WEST(UHW) ADOPTED ASC 740 ACCOUNTING FOR  
UNCERTAINTY IN INCOME TAXES IN 2009 WHICH CLARIFIES THE ACCOUNTING FOR  
UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS  
AND PROVIDES GUIDANCE ON THE RECOGNITION, DE-RECOGNITION AND MEASUREMENT  
OF BENEFITS RELATED TO AN ENTITY'S UNCERTAIN TAX POSITION. UHW HAS  
DETERMINED THAT ASC 740 DOES NOT HAVE A MATERIAL IMPACT ON THEIR  
CONSOLIDATED FINANCIAL STATEMENTS.

SEIU UNITED HEALTHCARE WORKERS - WEST  
LOCAL 2005

20-1973983 Page 5

Schedule D (Form 990) 2009

**Part XIV Supplemental Information (continued)**

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

**RETURN OF FUNDS FROM UNITED HEALTHCARE WORKERS AND PATIENTS**

**EDUCATION FUND: 2984784.**

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**PAC ACTIVITY REPORTED ON FORM 1120-POL: 479470.**

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **SEIU UNITED HEALTHCARE WORKERS - WEST  
LOCAL 2005** Employer identification number **20-1973983**

**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?  
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?  
b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?  
b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

032111  
02-02-10

17231115 758661 90175

21  
2009.05000 SEIU UNITED HEALTHCARE WORK 901753

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.**

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).  
Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(ii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DAVE REGAN	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 204,422.	3,630.	0.	33,050.	16,806.	257,908.	0.
ELISEO MEDINA	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 192,690.	3,630.	0.	33,050.	16,806.	246,176.	0.
DEBBIE SCHNEIDER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 146,201.	2,652.	0.	24,146.	16,806.	189,805.	0.
KIM EVON	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 127,782.	3,741.	0.	20,401.	2,674.	154,598.	0.
LESLIE MEYER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 129,884.	0.	0.	10,631.	17,394.	157,909.	0.
	(iii) 0.	0.	0.	0.	0.	0.	0.
	(iv) 0.	0.	0.	0.	0.	0.	0.
	(v) 0.	0.	0.	0.	0.	0.	0.
	(vi) 0.	0.	0.	0.	0.	0.	0.
	(vii) 0.	0.	0.	0.	0.	0.	0.
	(viii) 0.	0.	0.	0.	0.	0.	0.
	(ix) 0.	0.	0.	0.	0.	0.	0.
	(x) 0.	0.	0.	0.	0.	0.	0.
	(xi) 0.	0.	0.	0.	0.	0.	0.
	(xii) 0.	0.	0.	0.	0.	0.	0.
	(xiii) 0.	0.	0.	0.	0.	0.	0.
	(xiv) 0.	0.	0.	0.	0.	0.	0.
	(xv) 0.	0.	0.	0.	0.	0.	0.
	(xvi) 0.	0.	0.	0.	0.	0.	0.
	(xvii) 0.	0.	0.	0.	0.	0.	0.
	(xviii) 0.	0.	0.	0.	0.	0.	0.
	(xix) 0.	0.	0.	0.	0.	0.	0.
	(xx) 0.	0.	0.	0.	0.	0.	0.
	(xxi) 0.	0.	0.	0.	0.	0.	0.
	(xxii) 0.	0.	0.	0.	0.	0.	0.
	(xxiii) 0.	0.	0.	0.	0.	0.	0.
	(xxiv) 0.	0.	0.	0.	0.	0.	0.
	(xxv) 0.	0.	0.	0.	0.	0.	0.
	(xxvi) 0.	0.	0.	0.	0.	0.	0.
	(xxvii) 0.	0.	0.	0.	0.	0.	0.
	(xxviii) 0.	0.	0.	0.	0.	0.	0.
	(xxix) 0.	0.	0.	0.	0.	0.	0.
	(xxx) 0.	0.	0.	0.	0.	0.	0.
	(xxxi) 0.	0.	0.	0.	0.	0.	0.
	(xxxii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	0.	0.	0.	0.
	(xxxv) 0.	0.	0.	0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	0.	0.	0.	0.
	(xxxix) 0.	0.	0.	0.	0.	0.	0.
	(xxxxi) 0.	0.	0.	0.	0.	0.	0.
	(xxxii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	0.	0.	0.	0.
	(xxxv) 0.	0.	0.	0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	0.	0.	0.	0.
	(xxxix) 0.	0.	0.	0.	0.	0.	0.
	(xxxxi) 0.	0.	0.	0.	0.	0.	0.
	(xxxii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	0.	0.	0.	0.
	(xxxv) 0.	0.	0.	0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	0.	0.	0.	0.
	(xxxix) 0.	0.	0.	0.	0.	0.	0.
	(xxxxi) 0.	0.	0.	0.	0.	0.	0.
	(xxxii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	0.	0.	0.	0.
	(xxxv) 0.	0.	0.	0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	0.	0.	0.	0.
	(xxxix) 0.	0.	0.	0.	0.	0.	0.
	(xxxxi) 0.	0.	0.	0.	0.	0.	0.
	(xxxii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	0.	0.	0.	0.
	(xxxv) 0.	0.	0.	0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	0.	0.	0.	0.
	(xxxix) 0.	0.	0.	0.	0.	0.	0.
	(xxxxi) 0.	0.	0.	0.	0.	0.	0.
	(xxxii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	0.	0.	0.	0.
	(xxxv) 0.	0.	0.	0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	0.	0.	0.	0.
	(xxxix) 0.	0.	0.	0.	0.	0.	0.
	(xxxxi) 0.	0.	0.	0.	0.	0.	0.
	(xxxii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	0.	0.	0.	0.
	(xxxv) 0.	0.	0.	0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	0.	0.	0.	0.
	(xxxix) 0.	0.	0.	0.	0.	0.	0.
	(xxxxi) 0.	0.	0.	0.	0.	0.	0.
	(xxxii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	0.	0.	0.	0.
	(xxxv) 0.	0.	0.	0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	0.	0.	0.	0.
	(xxxix) 0.	0.	0.	0.	0.	0.	0.
	(xxxxi) 0.	0.	0.	0.	0.	0.	0.
	(xxxii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	0.	0.	0.	0.
	(xxxv) 0.	0.	0.	0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	0.	0.	0.	0.
	(xxxix) 0.	0.	0.	0.	0.	0.	0.
	(xxxxi) 0.	0.	0.	0.	0.	0.	0.
	(xxxii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	0.	0.	0.	0.
	(xxxv) 0.	0.	0.	0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	0.	0.	0.	0.
	(xxxix) 0.	0.	0.	0.	0.	0.	0.
	(xxxxi) 0.	0.	0.	0.	0.	0.	0.
	(xxxii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	0.	0.	0.	0.
	(xxxv) 0.	0.	0.	0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	0.	0.	0.	0.
	(xxxix) 0.	0.	0.	0.	0.	0.	0.
	(xxxxi) 0.	0.	0.	0.	0.	0.	0.
	(xxxii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	0.	0.	0.	0.
	(xxxv) 0.	0.	0.	0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	0.	0.	0.	0.
	(xxxix) 0.	0.	0.	0.	0.	0.	0.
	(xxxxi) 0.	0.	0.	0.	0.	0.	0.
	(xxxii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	0.	0.	0.	0.
	(xxxv) 0.	0.	0.	0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	0.	0.	0.	0.
	(xxxix) 0.	0.	0.	0.	0.	0.	0.
	(xxxxi) 0.	0.	0.	0.	0.	0.	0.
	(xxxii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	0.	0.	0.	0.
	(xxxv) 0.	0.	0.	0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	0.	0.	0.	0.
	(xxxix) 0.	0.	0.	0.	0.	0.	0.
	(xxxxi) 0.	0.	0.	0.	0.	0.	0.
	(xxxii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	0.	0.	0.	0.
	(xxxv) 0.	0.	0.	0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	0.	0.	0.	0.
	(xxxix) 0.	0.	0.	0.	0.	0.	0.
	(xxxxi) 0.	0.	0.	0.	0.	0.	0.
	(xxxii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	0.	0.	0.	0.
	(xxxv) 0.	0.	0.	0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	0.	0.	0.	0.
	(xxxix) 0.	0.	0.	0.	0.	0.	0.
	(xxxxi) 0.	0.	0.	0.	0.	0.	0.
	(xxxii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiii) 0.	0.	0.	0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	0.	0.	0.	0.
	(xxxv) 0.	0.	0.	0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	0.	0.	0.	0.

**SCHEDULE J-2**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
► See the Instructions for Form 990.

Name of the Organization **SEIU UNITED HEALTHCARE WORKERS - WEST  
LOCAL 2005** Employer Identification number **20-1973983**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
YOLANDA CHAVEZ VICE PRESIDENT	8.00	X					766.	0.	12.
FENG MEI CHEN VICE PRESIDENT	8.00	X					0.	0.	0.
TERESITA COLLADO VICE PRESIDENT	8.00	X					182.	0.	3.
RACHEL CORONADO VICE PRESIDENT	8.00	X					296.	0.	5.
MARY CORSON VICE PRESIDENT	8.00	X					432.	0.	7.
BARABARA L ESCOBAR VICE PRESIDENT	8.00	X					475.	0.	8.
NANCY EVANS VICE PRESIDENT	8.00	X					787.	0.	12.
MICHAEL FENISON VICE PRESIDENT	8.00	X					774.	0.	12.
MARILYN FREEMAN VICE PRESIDENT	8.00	X					499.	0.	8.
FLORINE FURLOW VICE PRESIDENT	8.00	X					92.	0.	1.
TRACEY GARCES VICE PRESIDENT	8.00	X					1,264.	0.	20.
MARYELLEN GARCIA VICE PRESIDENT	8.00	X					549.	0.	9.
ANGELA GLASPER VICE PRESIDENT	8.00	X					1,573.	0.	25.
AL L GREEN VICE PRESIDENT	8.00	X					555.	0.	9.
ROBERT HARDEBECK VICE PRESIDENT	8.00	X					247.	0.	4.
ROBERT HERNANDEZ VICE PRESIDENT	19.00	X					473.	0.	7.
MIGUEL HOLGUIN VICE PRESIDENT	8.00	X					0.	0.	0.
ROBYNE HORN VICE PRESIDENT	8.00	X					8,325.	0.	132.
DONALD HOSKINS VICE PRESIDENT	8.00	X					134.	0.	2.
JU'ANNA M ISAIAH VICE PRESIDENT	8.00	X					467.	0.	7.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2009**Open to Public  
Inspection► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
► See the Instructions for Form 990.Name of the Organization **SEIU UNITED HEALTHCARE WORKERS - WEST  
LOCAL 2005** Employer Identification number **20-1973983****Part I: Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
GARY W JACKSON VICE PRESIDENT	8.00	X					220.	0.	3.
DERRELL JOSEPH VICE PRESIDENT	8.00	X					0.	0.	0.
LOVER T JOYCE VICE PRESIDENT	8.00	X					1,256.	0.	20.
DEBORAH KIRTMAN VICE PRESIDENT	8.00	X					0.	0.	0.
STANLEY D LACEY VICE PRESIDENT	8.00	X					522.	0.	8.
XIAO JIANG LAI VICE PRESIDENT	8.00	X					92.	0.	1.
LORI D LAUCIK VICE PRESIDENT	8.00	X					161.	0.	3.
STANLEY LYLES VICE PRESIDENT	40.00	X					5,131.	0.	81.
GLEND A E MANNING VICE PRESIDENT	8.00	X					355.	0.	6.
DON MARIACHER VICE PRESIDENT	8.00	X					443.	0.	7.
SHARON MARTINEZ VICE PRESIDENT	8.00	X					697.	0.	11.
MOLLY MILLER VICE PRESIDENT	40.00	X					0.	0.	0.
MAYA MORRIS VICE PRESIDENT	40.00	X					0.	0.	0.
SHIRLEY NELSON VICE PRESIDENT	8.00	X					538.	0.	9.
GUADALUPE A NONATO VICE PRESIDENT	8.00	X					5,944.	0.	94.
DEBRAH ORTEGA VICE PRESIDENT	8.00	X					447.	0.	7.
LI BAO PAN VICE PRESIDENT	8.00	X					185.	0.	3.
RAISA POLONSKAYA VICE PRESIDENT	8.00	X					415.	0.	7.
COREY PUCCINELLI VICE PRESIDENT	8.00	X					0.	0.	0.
ELLA RAIFORD VICE PRESIDENT	8.00	X					63.	0.	1.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

## SCHEDULE J-2

(Form 990)

Department of the Treasury  
Internal Revenue Service

## Continuation Sheet for Form 990

OMB No 1545-0047

2009

Open to Public  
InspectionName of the Organization SEIU UNITED HEALTHCARE WORKERS - WEST  
LOCAL 2005 Employer Identification number  
20-1973983

## Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
ELOISE REESE-BURNS VICE PRESIDENT	8.00	X					512.	0.	8.
FRANCES ANNE REGACHO VICE PRESIDENT	8.00	X					352.	0.	6.
MICHAEL RIVERA VICE PRESIDENT	8.00	X					1,145.	0.	18.
TENA H ROBINSON VICE PRESIDENT	8.00	X					83.	0.	1.
DANIEL ROMO VICE PRESIDENT	8.00	X					374.	0.	6.
MARIA SAMUEL VICE PRESIDENT	8.00	X					623.	0.	10.
DAVID A SHAPIRO VICE PRESIDENT	8.00	X					714.	0.	11.
LYNN ST CLAIR GRETTON VICE PRESIDENT	8.00	X					1,199.	0.	19.
WANDA TALTON VICE PRESIDENT	8.00	X					4,736.	0.	75.
ROBERT J THYLFault VICE PRESIDENT	8.00	X					94.	0.	1.
JUAN MICHAEL TORRES VICE PRESIDENT	11.00	X					2,155.	0.	34.
MARTHA V VAZQUEZ VICE PRESIDENT	11.00	X					932.	0.	15.
SALLY J. VETSCH VICE PRESIDENT	8.00	X					237.	0.	4.
CAROLINE WANDRICK VICE PRESIDENT	8.00	X					159.	0.	3.
BRENDA J. WASHINGTON VICE PRESIDENT	8.00	X					756.	0.	12.
MARIE E WHITE VICE PRESIDENT	8.00	X					134.	0.	2.
ANITA M WILTZ VICE PRESIDENT	8.00	X					792.	0.	13.
GEORGE WONG VICE PRESIDENT	8.00	X					0.	0.	0.
REBECCA L WORCESTER VICE PRESIDENT	8.00	X					261.	0.	4.
MICKIELA YAGEN VICE PRESIDENT	8.00	X					0.	0.	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

## **Continuation Sheet for Form 990**

2009

**Open to Public  
Inspection**

---

**Name of the Organization**

SEIU UNITED HEALTHCARE WORKERS - WEST Employee

► See the Instructions for Form 990.

Name of the Organization **SEIU UNITED HEALTHCARE WORKERS - WEST  
LOCAL 2005** Employer Identification number **20-1973983**

**Part I. Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.

OMB No. 1545-0047

**2009**Open to Public  
Inspection

Name of the organization	SEIU UNITED HEALTHCARE WORKERS - WEST LOCAL 2005	Employer identification number 20-1973983
--------------------------	---	--

FORM 990, PART VI, SECTION A, LINE 5: IN JANUARY 2009, THE SERVICE  
EMPLOYEES INTERNATIONAL UNION, CTW, CLC (SEIU), AN AFFILIATE, IMPOSED A  
TRUSTEESHIP OF THE LOCAL, UNDER ARTICLE VIII OF THE CONSTITUTION AND BYLAWS  
OF SEIU, DUE TO CERTAIN ACTIONS TAKEN BY THE OFFICERS AND EXECUTIVE BOARD  
MEMBERS OF THE LOCAL. AS A RESULT OF THE TRUSTEESHIP, THE OFFICERS AND  
EXECUTIVE BOARD MEMBERS WERE REMOVED FROM OFFICE AND THE CONSTITUTION AND  
BYLAWS OF THE LOCAL WERE SUSPENDED. THE SEIU PRESIDENT APPOINTED TWO  
TRUSTEES TO OVERSEE THE OPERATIONS OF THE LOCAL. THE TRUSTEES AND DEPUTY  
TRUSTEES ARE GOVERNED BY THE PROVISIONS OF THE SEIU CONSTITUTION AND BYLAWS  
AND THE PROVISIONS OF APPLICABLE LAW. THE LOCAL WILL CONTINUE TO OPERATE  
UNDER THE NAME SEIU UNITED HEALTHCARE WORKERS - WEST.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS WHO  
MAY VOTE TO ELECT THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S ACCOUNTING FIRM  
FORWARDED THE FORM 990 TO THE CONTROLLER. THE CONTROLLER FORWARDED THE FORM  
990 TO THE BOARD MEMBERS/TRUSTEES FOR THEIR REVIEW PRIOR TO FILING THE FORM  
990. BOARD MEMBERS/TRUSTEES WERE ENCOURAGED TO REVIEW THE FORM 990 AND TO  
FORWARD THEIR QUESTIONS TO THE TREASURER. EITHER THE CONTROLLER OR THE  
ACCOUNTING FIRM ADDRESSED THE QUESTIONS FROM THE BOARD/TRUSTEE. THE RETURN  
WAS THEN SIGNED BY THE TRUSTEE ONCE ALL THE QUESTIONS WERE CLEARED.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL STAFF MUST DISCLOSE ANY CONFLICT OF INTEREST AS PER CURRENT UHW POLICY.  
ACCOUNTING WOULD REPORT TO THE UHW CHIEF OF STAFF OR/AND TRUSTEE ANY

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
932211  
02-03-10

Schedule O (Form 990) 2009

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.

OMB No. 1545-0047

**2009**Open to Public  
Inspection

Name of the organization	SEIU UNITED HEALTHCARE WORKERS - WEST LOCAL 2005	Employer identification number 20-1973983
--------------------------	---	--

APPARENT CONFLICT OF INTEREST FOUND. IN A CONFIDENTIAL MANNER, THE OUTSIDE ETHICS OFFICERS AND THE IN-HOUSE OMBUDSPERSON INVESTIGATE / PROCESS ANY COMPLAINT ABOUT CONFLICTS OF INTEREST SUBMITTED BY ANY MEMBERS OR STAFF.

ANY MEMBER MAY FILE A WRITTEN COMPLAINT ALLEGING VIOLATIONS OF THE POLICY AND CODE, AND THE ETHICS OMBUDSMAN PERSON IS CHARGED WITH REVIEWING TO DETERMINE IF A REFERRAL SHOULD BE MADE TO THE OUTSIDE ETHICS OFFICER. THE POLICY PROVIDES PROTECTION AGAINST RETALIATION AND ENSURE CONFIDENTIALITY OF THE REPORTS.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION DETERMINES AND APPROVES COMPENSATION TO OFFICERS, DIRECTORS AND KEY EMPLOYEES BY COMPARING WITH OTHER ORGANIZATIONS FOR SIMILAR POSITIONS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST.

990 PART XI, LINE 2C

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THE ROLE OF THE AUDIT COMMITTEE HAS NOT CHANGED FROM THE PRIOR YEAR; HOWEVER, THE COMMITTEE HAS BEEN SUSPENDED DUE TO THE TRUSTEESHIP.

FORM 990 PART III LINE 1

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
932211  
02-03-10

Schedule O (Form 990) 2009

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.

OMB No 1545-0047

**2009**  
Open to Public  
Inspection

Name of the organization

SEIU UNITED HEALTHCARE WORKERS - WEST  
LOCAL 2005

Employer identification number  
20-1973983

SEIU UNITED HEALTHCARE WORKERS WEST (UHW) IS A LABOR UNION REPRESENTING  
MEMBERS EMPLOYED IN THE HEALTH CARE INDUSTRY IN CALIFORNIA. UHW  
PROMOTES AND DEVELOPS THE SECURING OF ECONOMIC ADVANTAGES, INCLUDING  
BETTER WAGES, HOURS AND WORKING CONDITIONS, THROUGH ORGANIZING THE  
UNORGANIZED, COLLECTIVE BARGAINING, LEGISLATIVE AND POLITICAL ACTION AND  
THE UTILIZATION OF OTHER LAWFUL MEANS.

OUR MISSION IS TO BUILD A WORKERS' ORGANIZATION DEDICATED TO BEING A  
POWERFUL FORCE TO CHANGE WORKERS' LIVES AND FIGHT FOR SOCIAL AND  
ECONOMIC JUSTICE. OUR VISION OF A WORKERS' ORGANIZATION IS ONE IN WHICH  
THERE IS AN EXPECTATION THAT MEMBERS LEAD AND DECIDE TOGETHER; ONE IN  
WHICH CONFLICT IS EMBRACED AS HEALTHY, NECESSARY, AND AN INEVITABLE  
PART OF MAKING POSITIVE CHANGE; AND ONE IN WHICH THE UNION'S INTEGRITY  
IS BEYOND REPROACH.

OUR PURPOSE IS TO PROMOTE BETTER WORKING CONDITIONS AND A BETTER FUTURE  
FOR OUR MEMBERS AND ALL WORKING PEOPLE. IT IS OUR OBJECTIVE TO BUILD A  
STRONG AND MORE EFFECTIVE LABOR MOVEMENT BY ORGANIZING UNORGANIZED  
WORKERS, BUILDING AN EFFECTIVE POLITICAL VOICE FOR WORKING PEOPLE, AND  
PROTECTING ALL WORKERS FROM UNACCEPTABLE OR UNJUST ACTIONS BY  
EMPLOYERS.

WE ARE COMMITTED TO IMPROVING OUR WORKING LIVES; SUPPORTING OUR  
FAMILIES; ENSURING THAT WE ARE ABLE TO PROVIDE THE BEST QUALITY CARE TO  
OUR PATIENTS, CONSUMERS, AND RESIDENTS; AND PROMOTING QUALITY,  
AFFORDABLE HEALTH CARE FOR ALL.

**990 PART VI, LINE 9:**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
932211  
02-03-10

Schedule O (Form 990) 2009

## **Supplemental Information to Form 990**

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**

► **Attach to Form 990.**

**2009**

**Open to Public  
Inspection**

Name of the organization **SEIU UNITED HEALTHCARE WORKERS - WEST  
LOCAL 2005** Employer identification number **20-1973983**

DUE TO THE NATURE OF THE TRUSTEESHIP, MANY OF THE OFFICERS, WHO ARE NO LONGER OFFICERS, CANNOT BE REACHED AT THE ORGANIZATION'S ADDRESS. IN THE EVENT THAT THESE PERSONS NEED TO BE REACHED, THE ORGANIZATION WILL ASSIST IN THE PROCESS.

## Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
► Attach to Form 990. ▶ See separate instructions

International Revenue Services

Employer identification number  
**20-1973983**

**Part I** Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

**Part II** **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
UNITY HEALTH CARE WORKERS CORPORATION - 4-3136667, 560 THOMAS L. BERKLEY WAY, OAKLAND, CA 94612	REAL ESTATE HOLDINGS	CALIFORNIA	501(C)(2)		
EIU LOCAL 399 - 95-1498052 60 THOMAS L. BERKLEY WAY, OAKLAND, CA 94612	LABOR UNION	CALIFORNIA	501(C)(5)		
HEALTHCARE WORKERS UNION LOCAL 250 - 4-0562683, 560 THOMAS L. BERKLEY WAY, OAKLAND, CA 94612	LABOR UNION	CALIFORNIA	501(C)(5)		
SERVICE EMPLOYEES INTERNATIONAL UNION S.E.I.U) - 36-0852885, 1800 MASSACHUSETTS AVE, NW, SUITE 1000, WASHINGTON, DC 20006					

HA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

### **Part III Identification of Related Organizations Taxable as a Partnership during the tax year.)**

**Part III** **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)**

## Part V. Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	Yes	No
1a	X	
1b	X	
1c	X	
1d	X	
1e	X	
1f	X	
1g	X	
1h	X	
1i	X	
1j	X	
1k	X	
1l	X	
1m	X	
1n	X	
1o	X	
1p	X	
1q	X	
1r	X	

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part V, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.



- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II: Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
<b>Type or print</b>  <b>File by the extended due date for filing the return. See instructions</b>	Name of Exempt Organization  <b>SEIU UNITED HEALTH CARE WORKERS - WEST</b>	Employer identification number  <b>20-1973983</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.  <b>560 THOMAS L. BERKLEY WAY</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  <b>OAKLAND, CA 94612-1602</b>	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**SHERLINA GRIMALDO**

- The books are in the care of ► **560 THOMAS L. BERKLEY - OAKLAND, CA 94612-1602**
- Telephone No ► **510-251-1250** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010**.

5 For calendar year **2009**, or other tax year beginning , and ending .

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension **THE TAXPAYER'S FINANCIAL MATTERS ARE QUITE COMPLEX. ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$ <input type="text"/>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$ <input type="text"/>
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$ <input type="text"/> <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► *Sherlina Grimaldo* Title ► CPA FOR CLIENT

Date ► **8/6/10**

Form 8868 (Rev. 4-2009)

Application for Extension of Time To File an  
Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box  ►
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

► 

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions.	SEIU UNITED HEALTH CARE WORKERS - WEST	20-1973983
	Number, street, and room or suite no. If a P O. box, see instructions.	
	560 THOMAS L. BERKLEY WAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	OAKLAND, CA 94612-1602	

Check type of return to be filed(file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

**SHERLINA GRIMALDO**

- The books are in the care of ► 560 THOMAS L. BERKLEY - OAKLAND, CA 94612-1602 FAX No. ► \_\_\_\_\_
- Telephone No. ► 510-251-1250
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ►  calendar year 2009 or  
 ►  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ <b>N/A</b>

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)